

Browning Public Schools  
**Board Agenda Request**  
Meeting To Be Held: 9/9/25



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**Recognition:**   ☐ Students                      ☐ Staff                      ☐ Parents  
**Information:**   ☐ Building Report           ☐ Old Business           ☐ Superintendent's Report  
**Action:**        ☐ Resignations                      ☐ Hiring                      ☐ Contract Service Agreements  
                    ☐ Travel Out-of-State                ☐ Travel In State            ☒ Approvals  
                    ☐ Termination                      ☐ Legal Matters            ☐ Other:  
                    This action request pertains to ☐ Elementary (only)        ☒ High School/District Wide

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**Date:**        8/29/25

**To:**        Board of Trustees  
              Browning Public Schools

**From:**    Rebecca Rappold  
**Title:**     Superintendent

**Subject:**   **High Hopes Speech Therapy Proposal for a Speech and Language Pathologist 2025-2026**

**Description:** High Hopes Speech Therapy Contract to provide Speech and Language pathology services for the remaining 2025-2026 SY, starting 9/2/25.

**Financial Impact:** \$ 99.00/hour x 1,416 hours (177 days x 8 hrs/day) = \$140,184.00 (not to exceed this amount)

**Funding Source (Budget/grant, etc.):** 101/201 76 280 2140 320 (50/50 split)

**Attachment(s):** Contract High Hopes Speech Therapy

**Superintendent Action:**   ☐ Approved   ☐ Denied    ☐ Deferred    Initial & date: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**Board Action:**        ☐ N/A (Info)    ☐ Approved    ☐ Denied    ☐ Tabled to: \_\_\_\_\_



**HIGH HOPES**  
Speech Therapy

## **Speech-Language Therapy Services Proposal Contract**

**Provider:** High Hopes Speech Therapy

**SLP:** Kerry Dopler, M.S., CCC-SLP

**Email:** office@hhspeechtherapy.com

**Phone:** 406-426-0254

**School/District:** Browning Public Schools

**Contact Person:** Belinda Turley

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### **1. Purpose**

This agreement outlines the provision of professional speech-language pathology services by High Hopes Speech Therapy to the Browning Public School District for the 2025–2026 academic year.

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### **2. Scope of Services**

High Hopes Speech Therapy shall provide the following services as mutually agreed upon via on-site visits and/or HIPAA-compliant telepractice:

- Direct speech-language therapy (individual and small group)
- Comprehensive evaluations (articulation, language, bilingual assessments as needed)
- Attendance at IEP and multidisciplinary team meetings
- Ongoing documentation, progress reports, and Medicaid billing notes
- Collaboration with school staff, families, and administrators
- Participation in pre-referral interventions and student study teams, as requested

**High Hopes Speech Therapy reserves the right to provide services through another licensed Speech-Language Pathologist, employed by or contracted with High Hopes Speech Therapy, when necessary to ensure continuity of services. All substitute providers will meet state licensure and certification requirements, and High Hopes Speech Therapy will remain fully responsible for the quality and documentation of services rendered.**

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### **3. Service Schedule**

Services will be rendered on mutually agreed-upon school days.

All virtual and telepractice sessions will be coordinated around the district calendar and in collaboration with school staff.

**For any in-person service day scheduled, a minimum of four (4) hours will be billed, regardless of student attendance.**

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### **4. Rates and Billing**

- **Therapy & Consultation Services**  
\$99/hour (billed in 15-minute increments)
- **Evaluation Services**  
\$99/hour (billed in 15-minute increments)

- **Travel Reimbursement**

All in-person services will be reimbursed at \$0.70 per mile, portal to portal, per the 2025 federal mileage rate.

- High Hopes Speech Therapy covers a 30-mile radius around Missoula; mileage beyond that radius will be compensated at the federal mileage rate listed above.

High Hopes Speech Therapy will submit monthly invoices. Payment is requested within 35 days of invoice date. A W-9 form will be provided upon contract initiation.

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## **5. Documentation and Records**

All service notes, IEP documents, evaluation reports, and Medicaid logs will be submitted per school policy and special education timelines. The provider agrees to utilize the district's IEP platform and Medicaid system, with appropriate training provided by the district.

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## **6. Compliance and Communication**

- A district-issued email address will be used to ensure FERPA and HIPAA compliance.
  - All teletherapy will be conducted via a HIPAA-compliant Zoom platform or HIPAA-compliant Google platform.
  - The provider will integrate with school teams and participate in staff communication and problem-solving as requested.
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## **7. Cancellation Policy**

- Student absences or scheduling changes must be communicated with at least 24-hour notice when possible.
- Sessions missed by the provider will not be billed and will be rescheduled as feasible.

- Unnotified student no-shows will be billed in full.
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## **8. Term of Agreement**

This agreement will commence upon signature and remain in effect through the end of the 2025–2026 school year unless amended or terminated with 30 days' written notice by either party.

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## **9. Additional Notes**

- Mileage will be reimbursed for travel outside of Missoula, MT (30-mile base radius).
- Any additional support not previously addressed will be outlined in a supplementary addendum if needed.

Neither party shall be held liable for failure to perform obligations under this agreement when such failure is due to circumstances beyond reasonable control, including but not limited to severe weather, illness, natural disasters, or emergencies ("force majeure").

The District agrees to indemnify and hold harmless High Hopes Speech Therapy and its employees or subcontractors from any claims, damages, or liabilities arising out of the District's own acts, omissions, or failure to comply with applicable laws or policies.

The Contractor's responsibilities are limited to speech-language pathology services as outlined in this agreement. Contractor shall not be required to perform duties outside the professional scope of practice.

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## 10. Signatures

**High Hopes Speech Therapy**

Signature: \_\_\_\_\_

Name: Kerry Dopler, M.S., CCC-SLP

Date: \_\_\_\_\_

**Browning Public Schools**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_